

FOR DIVISION USE ONLY

WITHDRAWAL

NOTICE OF WITHDRAWAL FROM CONTRIBUTORY GROUP LIFE INSURANCE

Name _____
To the Secretary of the Public Employees' Retirement System (Please Print Clearly) Soc. Sec. No. _____
Membership No. _____

I, the undersigned member, hereby give notice of withdrawal from the Contributory portion of the Group Insurance Plan underwritten by THE PRUDENTIAL INSURANCE COMPANY OF AMERICA. I understand I can not withdraw during the first year (12 months) of membership. Such withdrawal to be effective at the end of the pay period ending on _____ (Date)
I hereby request my employer _____

(Name of Employing Agency)

to discontinue payroll deductions for the insurance.

It is understood that by the execution of this Notice of Withdrawal, I forfeit my rights to coverage under the contributory portion of the Group Insurance Plan at any future time.

Date _____ Signature of Member _____

I certify that the member has requested to withdraw from the contributory portion of the Group Life Insurance Plan on the date stated above.

Employing Agency _____ County of _____

Location No. _____ Employee Membership No. _____ Soc. Sec. No. _____

Date _____ Signature of Certifying Agent _____